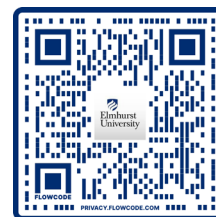


# Elmhurst University Student Dental and Vision Insurance



## Dental Plan Options

Delta Dental of Illinois is the largest dental benefits carrier in the state of Illinois. Nearly 80% of dentists nationwide participate in a Delta Dental network. Students have access to the Delta Dental PPO™ plan and DeltaCare® plan — both great options for those seeking dental coverage with lower costs.

	PPO Plan*	DeltaCare
<b>Network</b>	PPO Network National network of providers	DeltaCare Illinois provider network
<b>Preventive/Diagnostic Services</b> (routine exams, cleanings, x-rays)	100%	100%
<b>Basic Services</b> (fillings and emergency exams)	80%	refer to copayment schedule
<b>Major Services</b> (crowns, dentures, fixed/removable bridges, periodontics, oral surgery, endodontics and general anesthesia)	50%	refer to copayment schedule
<b>Specialty Services Referral Needed</b>	No	Yes
<b>Waiting Period</b>	No	No
<b>Deductible</b>	In-Network: \$50/\$150; Out-of-Network: \$100/\$300	No deductible
<b>Maximum Annual Benefit</b>	\$1500 (12-month plan) \$750 (6-month plan)	No annual maximum
<b>Orthodontic Coverage</b>	<b>No</b>	Yes
<b>Out-of-Network Coverage</b>	Yes, see full benefit summary online	<b>No, must select a DeltaCare provider in Illinois</b>

This chart represents a brief summary of coverage. Please view policy certificate for full detail.

\*Delta Dental Premier® dentists are in-network as well. You will save more with a Delta Dental Premier dentist than a non-network dentist, but will save the most by using a Delta Dental PPO dentist.

## DeltaVision®

DeltaVision offers vision care benefits that combine choice, value and wellness. DeltaVision — offered in association with the EyeMed Vision Care Select network — provides coverage for both in- and out-of-network eye care providers. You receive a greater benefit when you visit in-network providers.

	DeltaVision
<b>Annual Eye Exam</b>	\$10 copayment
<b>Frame Benefit</b>	\$100 retail frame allowance
<b>Lenses</b> (standard)	\$25 copayment
<b>Contact Lenses</b> (standard)	\$0 copayment (includes fitting and two follow up visits)
<b>Network</b>	EyeMed Vision Care Select Network
<b>Duration</b>	6 or 12 months
<b>Out-of-Network Reimbursements</b>	Yes, see full summary online

Visit [elmhurst.studentbenefitplans.com](http://elmhurst.studentbenefitplans.com) or call 877-247-8817 for enrollment support.